

# **Non-WorkSharing Employer Low Earnings Report**

Report **Gross** Earnings on a Calendar Week Basis

Week beginning Sunday \_\_\_\_\_ and ending Saturday \_\_\_\_\_

- |                                          |          |
|------------------------------------------|----------|
| 1. Gross earnings* including holiday pay | \$ _____ |
| 2. Tips (if applicable)                  | \$ _____ |
| 3. Total                                 | \$ _____ |

Name of Employer: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_

Claimant's SSN:    -   -

Claimant's Signature: \_\_\_\_\_

\* If self-employed, report only net earnings.

Please return completed form to your WorkSharing Employer – Human Resources Department